

U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
	LY BEFORE PREPARING THIS REPORT.
(ALS 22225)	
CMS DV	
1 File Number U - 10818	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name David E Oakland	Name Plumbers & Steamfitters Local #83
	Labor Organization File Number 003478
P O Box, Bldg , Room No , if any	P.O Box, Building and Room Number, if any
Street 701 Eleventh Street	Street 177 - 29th Street
City Moundaville	City Wheeling
State WV ZIP Code +4 Z.GoYJ	State West Virginia ZIP Code + 4 26003-4125
5 Position in labor organization Executive Board Member	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any)	derived income or other economic benefit of lon represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
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monetary value from an employer whose employees your organization 6 Name and address of Employer (including trade name, if any) Name N/A Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4 Signature and verification The undersigned declares, under penalty of	7 a Nature of Interest, Transaction, or Income N/A 7 b Amount. Leiebho Et 1 population \$0 Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name, if any) Name N/A Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4 Sign 15 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7 a Nature of Interest, Transaction, or Income N/A 7 b Amount. 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name, if any) Name N/A Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	To Amount. Telebuch Solution of Interest, Transaction, or Income Indian in Interest, Transaction, or Income Interest, Tran



David E. Oakland File Number U-Name of Person Filing B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your tabor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Name N/A a Labor Organization Trade Name, if any b Trust P O Box, Bldg , Room No , if any c Employer Street ZIP Code + 4 State 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name N/A Trade Name, if any P O Box, Bldg , Room No , if any Street \$0 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received N/A ZIP Code + 4 State 12 b Amount \$0 C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment. 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) N/A Name N/A Trade Name, if any PO Box, Bldg , Room No , if any Street City

14 b Amount of payment.

ZIP Code + 4

or Consultant

Form LM-30 (2003)

13 b Is the Business an Employer

State

\$0